

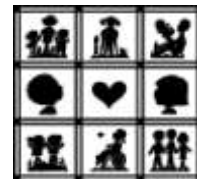


Adoption Community of New England, Inc.

Providing adoption education and support since 1967

34 Deloss Street, Second Floor, Framingham, MA 01702

Phone 508.872.2230 ♥ www.AdoptionCommunityofNE.org ♥ Fax 508.872.2231



Provider Survey for the ACONE Mental Health Services Directory

Contact Information

First Name

Mid. Initial

Last Name

Agency/Clinic affiliation if applicable

Second Agency/Clinic affiliation

Street

Street

City, State, Zip Code

City, State, Zip Code

Is this site handicapped accessible? Yes No

Is this site handicapped accessible? Yes No

Primary Phone Number (____) _____

Primary Phone Number (____) _____

Secondary Number (____) _____

Secondary Number (____) _____

FAX Number (____) _____

FAX Number (____) _____

Hotline/Emergency (____) _____

Hotline/Emergency (____) _____

TDD (____) _____

TDD (____) _____

Email address _____

Email address _____

Services Provided

___ Mental Health Services

___ Evening Hours

___ Refer to Respite

___ Individual

___ Saturday Hours

___ Home Visits

___ Group

___ Respite Services

___ School Visits

___ Couples

___ Residential Treatment

___ Families

Other _____

Geographical Area Served:

Languages used in addition to English:

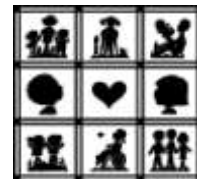


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Professional Designation and Areas of Expertise

M.S.W./LICSW ____ Ph.D. ____ Ed.D. ____ M.D. ____

Psychiatrist ____ Psychologist ____ Licensed Mental Health Counselor ____

Other, specifically _____

License Number(s) _____

Degree, school and year: _____

Internship(s) _____

Years as a therapist: ____ Years providing mental health services re adoption issues: ____

On the back of this page, list relevant professional memberships.

For what areas of expertise do you provide Mental Health services?

To be considered an area of expertise, write a description of your training and/or experience for each individual area which you have checked. Feel free to attach a separate sheet.

- | | | |
|--|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Pre-adopt |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Pre-school age |
| <input type="checkbox"/> Addiction problems | <input type="checkbox"/> FAE/FAS | <input type="checkbox"/> Post-traumatic stress |
| <input type="checkbox"/> Adolescence | <input type="checkbox"/> GLBT families | <input type="checkbox"/> Relative adoptions |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Grief | <input type="checkbox"/> Ritualistic abuse |
| <input type="checkbox"/> Adoption disruption | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Search/reunion |
| <input type="checkbox"/> Adult adoptee | <input type="checkbox"/> Holding therapy | <input type="checkbox"/> Separation and loss |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Identity issues | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Attachment | <input type="checkbox"/> Infertility issues | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Behavior disorders | <input type="checkbox"/> Kinship families | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Birth parent | <input type="checkbox"/> Latency age | <input type="checkbox"/> Transracial/transcultural |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Other (please describe) |
| | <input type="checkbox"/> Physical abuse | _____ |

Expertise with perpetrators of:

Preferred treatment modalities:

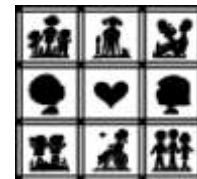


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List current training, particularly in the adoption field, with dates and/or other pertinent information or attach a current resume.

Do you work with:	Approx. % of current caseload
<input type="checkbox"/> Children who have been adopted?	_____
<input type="checkbox"/> Adolescents who have been adopted?	_____
<input type="checkbox"/> Adoptive families?	_____
<input type="checkbox"/> GLBT Families	_____
<input type="checkbox"/> Birthparents?	_____
<input type="checkbox"/> Adult adopted persons?	_____
<input type="checkbox"/> Foster children?	_____
<input type="checkbox"/> Foster parents?	_____
<input type="checkbox"/> Children with a history of foster care?	_____
<input type="checkbox"/> Adolescents with a history of foster care?	_____
<input type="checkbox"/> Adults with a history of foster care?	_____
<input type="checkbox"/> Kinship or guardianship families?	_____

Describe your current caseload in approximate percentages:

_____ % adults only _____ % Children only _____ % Families

Do you provide potential patients/families with references? _____

Optional Personal Information

Are you an adopted person?	YES	NO	No Response
If yes, are you in reunion with any members of birth family?	YES	NO	No Response
Do you have adopted siblings?	YES	NO	No Response
Are you an adoptive parent?	YES	NO	No Response
Are you a birthparent of an adopted person?	YES	NO	No Response
If yes, are you in reunion with son/daughter?	YES	NO	No Response
Do you have adopted siblings?	YES	NO	No Response
Ethnic background _____			

Fees/Insurance Information

Do you give free initial interviews?	YES	NO
Fees for Services?	YES	NO
Are clients ever accepted without charge?	YES	NO
Are clients accepted on a sliding scale fee basis?	YES	NO
Do you accept Mass Health?	YES	NO
HMOs and/or Private/public Insurance accepted: _____		

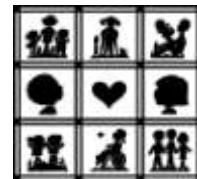


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I certify that the above information is true and correct. I hereby authorize ACONE to release any or all of the above information to third parties seeking referrals to or information about mental health service providers and to publish any or all of such information in The Mental Health Services Directory.

In consideration for ACONE listing me in The Mental Health Services Directory, I hereby agree to indemnify and hold harmless ACONE from all liability arising as a result of my inclusion in The Directory or referral of any patients or person(s) to me.

I understand that ACONE is not endorsing or evaluating any therapist or kind of treatment. ACONE is not responsible for any misrepresentation or misuse of this information, unprofessional and/or tortious conduct of any person listed in The Mental Health Services Directory, or for any typographical errors in its reproduction.

Signature

Date

Mail to:

**MHS Survey
Adoption Community of New England, Inc.
34 Deloss Street, Second Floor
Framingham, MA 01702**

Fax to:

508.872.2230